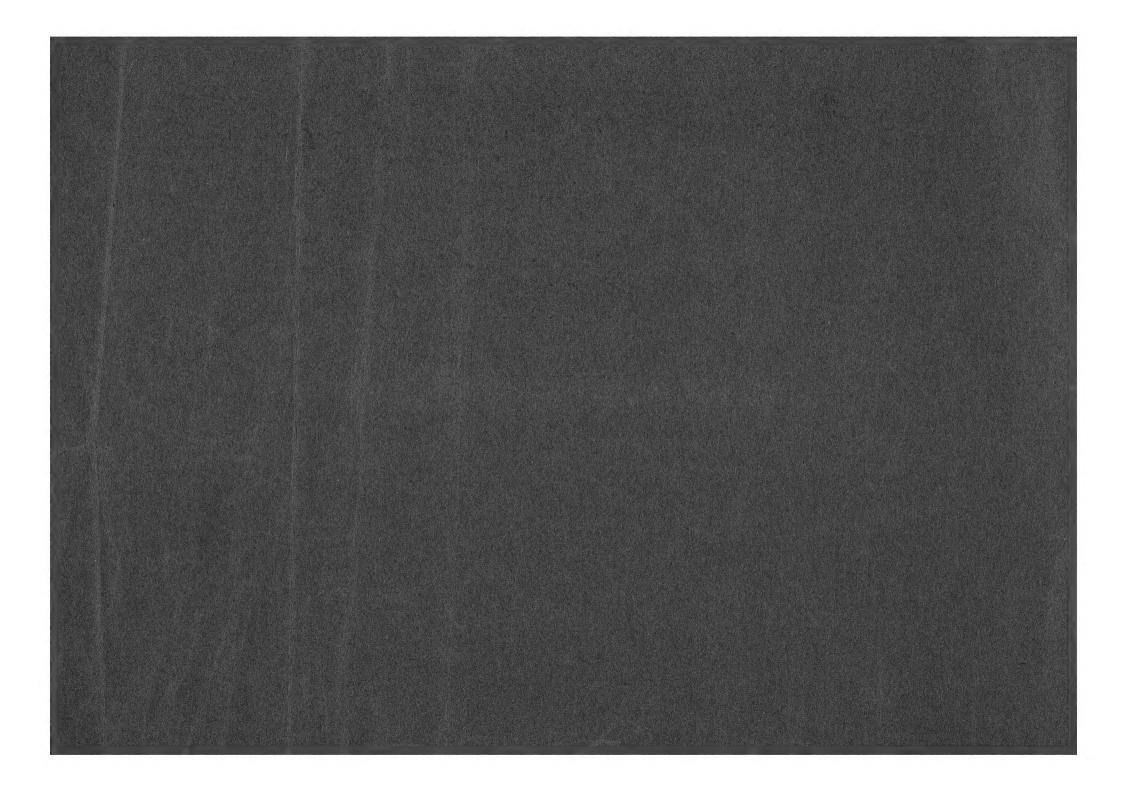
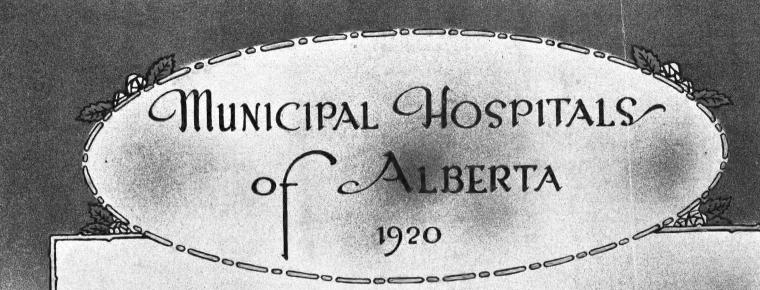
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PROVINCE OF ALBERTA
DEPARTMENT OF PUBLIC HEALTHC
MUNICIPAL HOSPITALS BRANCH

Hon. C R. MITCHELL
Minister of Health

A.K. WHISTON
Secy. Municipal Hospitals
Branch

## LE MONGIPAU FOSPINADS OF ADBRIDA







## MUNICIPALITICS PLODE OF AUBERITA





DRUMHELLER



## KURIOIPAUIGOSPINAIS ORAIDHAIA



Upon the information obtained, and providing the district is able financially to provide adequate hospital accommodation, and that the formation of the proposed district will not prevent other areas adjoining the proposed districts forming separate districts, the Minister may establish the Hospital District thus covered and determined by the investigation.

The Act provides that the Minister may establish a Municipal Hospital District on receipt of petitions from—

- "(a) Each contributing council therein; or
- "(b) Twenty-five ratepayers in each included area; or
- "(c) The contributing council or councils of any one or more included areas and twenty-five ratepayers in the other included areas or municipalities:

"Provided that any or any portion of an Improvement District may be added to any Hospital District by order of the Minister, either of his own motion or upon petition from twenty-five ratepayers thereof:

"Provided further that where only part of a Municipality or an Improvement District is included in a Hospital District then the number of signatures of ratepayers thereof required to any petition shall be three times the number of townships or parts thereof included in the said part of a Municipality or an Improvement District."

The Minister may vary the area included in a district without invalidating the petition, and for cause, before the vote is taken, may disestablish a district.





#### FORMATION OF THE BOARD

When the district is established the Minister requests each contributing council to appoint a representative to the Board. He fixes the number on the Board, and in an Improvement District where there is no municipal organization, the Minister appoints a member chosen from the ratepayers of that locality.

He may also appoint members where municipalities have failed to appoint one, or refuse to do so

In Municipalities, Hospital Board members must be elected at the next regular election after the ratification of the scheme, but in Improvement Districts the Minister appoints members annually.

#### PREPARATION OF A SCHEME

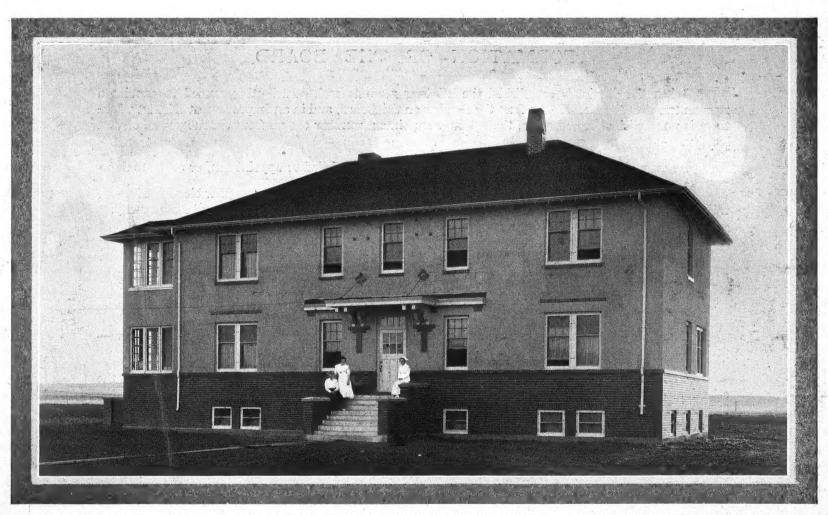
The Board then meets at a time and place named, and it has now but one duty to perform—prepare a scheme.

The first problem is the selection of a site. If dissatisfaction exists regarding the selection of this site, any twenty-five ratepayers within the Hospital District may appeal to the Board of Public Utility Commissioners. Ratepayers may also appeal to this Board if dissatisfied as to the amount of their apportionment of capital expenditure, providing the appeal is made within fourteen days of the advertisement of the scheme.



## MUNICIPAL HOSPITALS OF AUBERTA



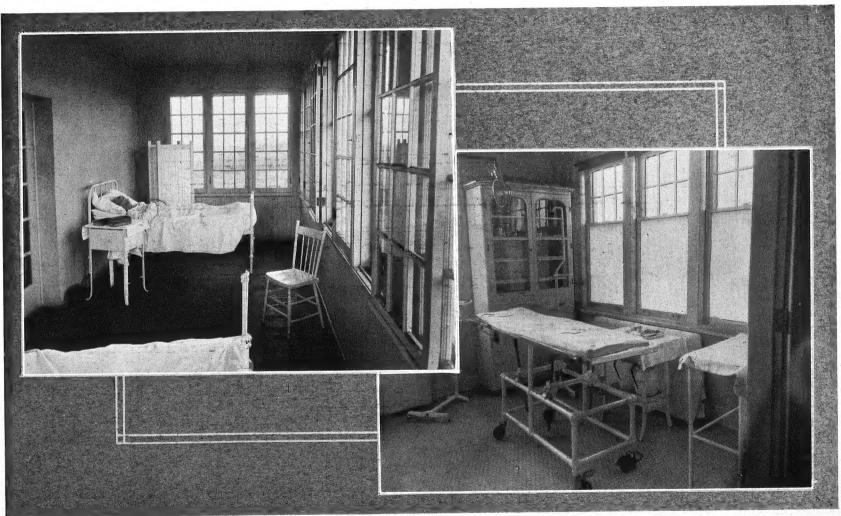


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The Hospital Board may do one of three things: it may build a new building, rent an already established building, or enter into an agreement with the Board of an already existing hospital to obtain hospital services from that source.

In this scheme it must also prepare a schedule of fees to be charged for hospital services; an estimate of capital expenditures and a plan for the borrowing of the same by the issue of debentures, or otherwise, and in the case of debentures, the term of years, rate of interest, etc.; a plan for repayment of such capital expenditure by way of instalments; an estimate of the probable annual revenue, and the probable annual expenditure among the included areas.

Having prepared the scheme, it is forwarded to the Minister of Health for his approval, and this being obtained, the Minister fixes a date for the taking of a vote.

No scheme is ratified unless carried by a two-thirds majority of the total votes cast.

\* \* \* \* \* \*

#### FINANCING HOSPITALS

The Board, on ratification of the scheme, divides the amount of capital and maintenance expenditures among the included areas.

The Board may borrow an amount equal to the capital expenditures, upon the passing of a by-law to this effect, and may issue debentures carrying a rate of interest not greater than eight per cent.





N surveying the development of The Municipal Hospitals Act of Alberta, which is only one phase of the work of the Department of Health, there are several things to be borne in mind.

The very fact that the Department of Health was only created and organized under the auspices of the late Hon. A. G. MacKay in 1919, when he became the first Minister of Health for the Province, shows that the work is still in its infancy. Upon his death, recently, the work has been assumed and carried on by the present Minister, Hon. C. R. Mitchell. Dr. T. J. Norman, for many years connected with provincial health matters, occupies the post of Deputy Minister of Health, while Mr. Arthur K. Whiston fills the position of Secretary of the Municipal Hospitals Branch.

Although the first Municipal Hospitals Act was passed in 1917, that Act was found inadequate in some of its provisions. It served, however, to stimulate the already great interest aroused in the establishment of Municipal Hospitals. In 1918 there was introduced a new Act, which repealed the 1917 Act and improved and strengthened the previous legislation. This Statute was put into effect in May, 1918, and under it the Municipal Hospital Districts of Mannville, Vermilion, and Drumheller were established, and schemes prepared and ratified by the ratepayers.

The Act was perfected still further in 1919, and at the present time the establishment of Municipal Hospitals is being proceeded with vigorously.

The working out of this piece of legislation has been almost in the nature of an experiment, Alberta being the second Province in Canada to adopt the scheme of Municipal Hospitals, a principle that places responsibility for the health of its people on the Hospital District, and eliminates philanthropy.

It is the announced policy of the Minister of Health, Hon. C. R. Mitchell, to see that the work is carried out in a most aggressive manner, but on a sound financial basis, with the idea in view of providing the greatest hospital service to the ratepayers of Alberta at a minimum cost to the districts concerned.



### MUNICIPAL FOSPITALS OF ALBERTA









Municipal Hospitals will only be built in districts which show, on investigation, that these institutions will be self-supporting and of a standard set by the Minister, which means, at the present time. the erection of not less than a 10-bed fully equipped hospital.

\* \* \* \* \* \*

#### ESTABLISHMENT OF MUNICIPAL HOSPITALS

The establishment of a Municipal Hospital, of course, is governed entirely by the provisions of the Act, which provides that the Minister of Health shall divide the Province into Hospital Districts. No Hospital District, however, has been established merely by means of a map and blue pencil. For instance, a request for a Hospital is received by the Department from a Municipal Council or a specified number of ratepayers representing nine townships. No nine townships can support a Municipal Hospital. The request, however, shows there is interest, and the Minister proceeds at once to ascertain how far beyond the limits of the Municipality this interest extends into the adjoining areas, whether they be Towns, Villages, Improvement Districts, or Municipalities.

The matter is investigated by the Municipal Hospitals Branch of the Department, and an organizer visits the territory. He interviews the people and councils in the district. He explains The Municipal Hospitals Act, and how it has been worked out in other parts of the Province.







DRUMHELLER.





The fact that out of three hundred and ninety-two confinement cases recorded up to the present time, not a mother or child has been lost, is a striking tribute to the success of these Institutions.

#### IMPORTANT CONCLUSIONS

In the administration of The Municipal Hospitals Act several important factors have developed which tend to produce better results in the administration of this important work:

Municipal Hospital Districts should not be too small, for it will only burden the residents with taxation without adequate compensating service.

Buildings should not be too large, as this would incur an unnecessary capital indebtedness.

It is better to build with the view of enlargement to meet the requirements of the district from year to year than to anticipate unnecessarily at the start this requirement.

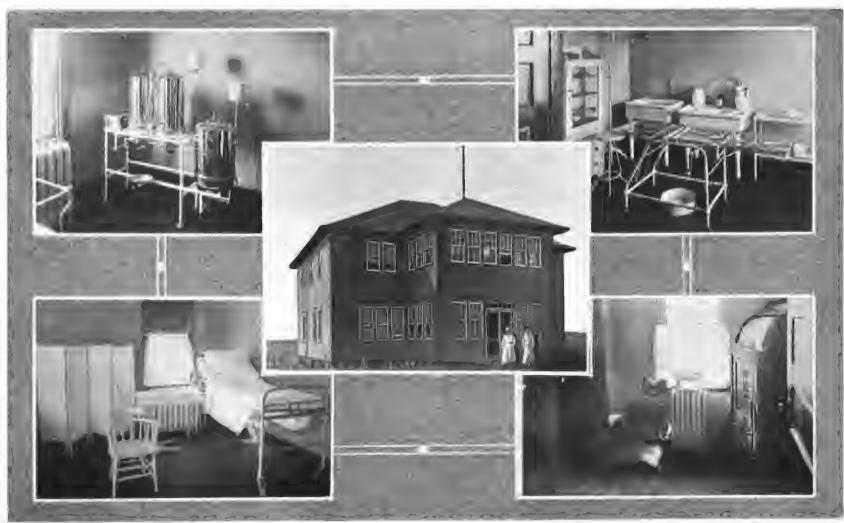
It has been found, too, that the smaller the Board the greater the efficiency. That is why the Minister of Health, when allocating members to different municipalities and included areas, has recommended that only one be appointed, or elected.

Women make valuable members of the Hospital Board because they are especially interested in the health of the community. They also form the larger percentage of patients. They are, naturally, more sympathetic, and have an intuitive grasp of detail which is so necessary to the successful operation of any hospital. Islay has the first woman member of a Municipal Hospital Board to be elected in Alberta.



### MUNICUPAL HOSPITADS OF ADBERTA

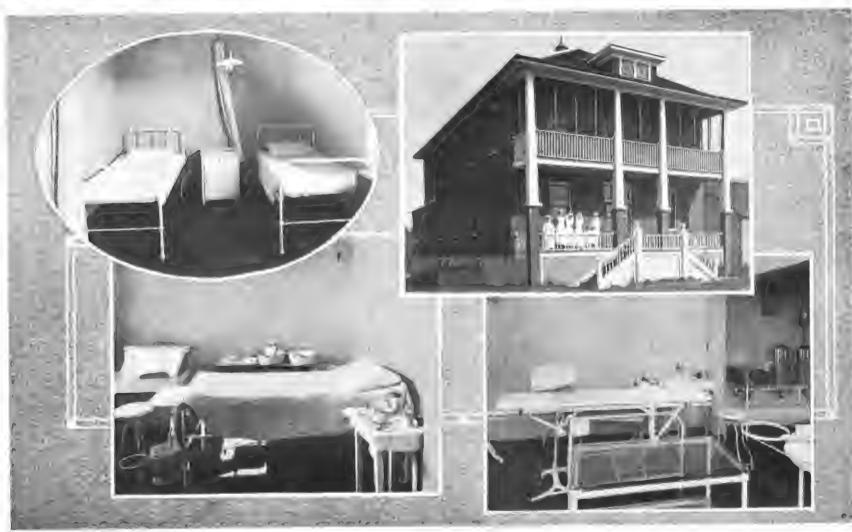






### MUNICIPAL HOSPITALS OF ADEFRICA





LLOYDMINSTER.





#### FUTURE OF MUNICIPAL HOSPITALS

It is the hope and aspiration of the Minister of Health, Hon. C. R. Mitchell, and those associated with him in the carrying out of this all important phase of governmental activities, that in the not too distant future, as a result of the application of this Act, the Province may be practically covered with Municipal Hospital districts, centered with fully equipped institutions, giving the maximum service with maximum results, maintaining and preserving the health of the people of Alberta, with the cost distributed over the areas benefitted in such a manner that the financial burden will be borne by all and consequently within the ability of all to pay.

The health of a State is its greatest asset, and the Municipal Hospital is to the health of the people what the public school is to their education.





## MUNICIPAL HOSPITALS OF ALBERTA





CARDSTON.









## MUNICIPAL HOSPITALS OF ALBERTA







### MUNICIPAL HOSPINALE OF AUGUSTA



The Municipal Hospital District Bonds are receiving favourable attention of bond dealers, and no difficulty has been experienced in marketing them at a satisfactory price.

These hospitals receive the same Provincial Government grant as other hospitals in the Province, namely, fifty cents per hospital day.

\* \* \* \* \*

#### DEVELOPMENT OF THE ACT

Since the passing of the Act, ten Municipal Hospitals, providing accommodation of one hundred and ninety-two beds, have been authorized by the ratepayers of various districts. The Hospital Districts, where schemes have been ratified, comprise an area of two hundred and forty-two townships, including six towns and ten villages. There are eight Municipal Hospitals operating, these being Mannville, Vermilion, Drumheller, Cardston, Islay, Bassano, Onoway and Lloydminster. Hanna and Viking Districts are organized and the schemes have been ratified by the ratepayers. Hanna proposed to build a 22-bed hospital, situated at Hanna, and under the scheme ratified by the ratepayers has decided to pay a Public Health Nurse; Viking a 10-bed Hospital in the town of Viking. Provost, Calgary, High River, Pincher Creek and Empress have districts organized, and various portions of the Province are now being investigated for the purpose of determining when and where additional districts may be established.

This hospital service is being furnished the ratepayers of these districts at an extremely low





tax rate, only one district paying more than \$4.80 per quarter section per year. This exception is accounted for because of the large amount of untaxable leased land in the vicinity.

Onoway is another exception, the tax rate being lower, namely, \$4.00 per quarter section per year, but here the ratepayer's hospital rate is two dollars per day. In other words, ratepayers in these Municipal Hospital Districts, in return for a tax rate of \$4.80 per year, are guaranteed hospital service for their families at the ratepayers' hospital rate, which is \$1 per day.

#### TYPES OF HOSPITALS

At present three types of Municipal Hospitals have developed in Alberta.

The first type might be called the average hospital, the kind provided in a well-developed community where there is no necessity for outside or district nursing, such as Mannville, Cardston, Islay, Lloydminster, Vermilion, and Bassano.

There is also the type that serves its ratepayers in a district where there is no physician—Onoway, for example. The fact that in seven months there were thirty-three new citizens of Alberta born in this district tells the story of the inestimable value of such an institution in a pioneer community.

The original building was erected in 1913 by the Home Anglican Missionary Society, under the Archbishop of Canterbury fund. Last year this institution and equipment, including ten acres of land valued at \$12,000, was turned over to the district to be operated as a Municipal Hospital. The Board



### Municipal fospitals of Alberta







## MUNICIPAL FOSPITALS OF ALBERTA









supplied it immediately with every modern equipment, an electric light plant was installed, the building was renovated, and lately an additional building has been acquired, which will be used as a Nurses' Home, thus converting the original building into a 10-bed institution. The operating room was fitted with full equipment for every class of operation, and the bathrooms and lavatories were made as modern as in any city hospital, at a cost of \$3,000.

The third type of hospital is that of Drumheller, the largest Municipal Hospital in the Province, equipped with forty-two beds. Situated as it is, in a mining centre, it is not only of general service to its town and urban ratepayers, but is equipped, necessarily, for serious accident cases, which so frequently happen in a mining community. As yet this is the only Municipal Hospital in the Province equipped with an X-Ray machine.

#### APPRECIATION OF HOSPITALS

That the people of Alberta are using and appreciating these Municipal Hospitals is shown by the table of hospital days on page 28.

Although as yet no Municipal Hospital has been operating a year, accommodation is being taxed to the limit. At Onoway and Mannville provision is being made for a Nurses' Home.

From every Municipal Hospital District expressions of satisfaction are heard on every side, and patients are profuse in their praises of treatment received.





#### GENERAL STATISTICS

Municipal Hospital District	Scheme Ratified	No. of Beds	
Mannville	1918	10	Operating.
Vermilion	1918	18	Operating.
Drumheller	1918	42	Operating.
Cardston	1919	12	Operating.
Islay	1919	12	Operating.
Bassano	1919	22	Operating.
Onoway	1919	10	Operating.
Hanna	1919	22	Not built.
Lloydminster	1919	34	Operating.
Viking	1920	10	Not built.

DISTRICTS ESTABLISHED, 1920.

Provost

Pincher Creek

High River

Calgary





#### GENERAL STATISTICS

District	Rural Tax Rate	Ratepayers' Hospital Rate	Ratepayers' Operating Room Rate	
	Mills		Minor	Major
Mannville	33	\$1 00	\$2.50	\$5.00
Vermilion	33	1.00	2.50	5.00
Drumheller	35	1.00	2.50	5 00
Islay	30	1.00	No charge.	
Cardston	30	1.00	No charge.	
Bassano	40	1.00	No charge.	
Onoway	25	2 00	No charge.	
Viking	30	1.00	No charge.	
Hanna	30	1.00	No charge.	

Hospital Districts where schemes have been ratified comprise an area of 242 Townships, including 6 Towns and 10 Villages.

HOSPITAL DAYS, JANUARY 1ST TO JUNE 30TH, 1920.

Mannville	1,868	Islay	710
Vermilion	1,792	Bassano	2,075
Cardston	1,387	Onoway	1,130
Llo	oydminster	No record.	

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